BEST AVAILABLE COPY

	PATE	ORE	Application or Docket Number [0798170											
Effective October 1, 2003 CLAIMS AS FILED - PART I									1.0	//	817	0		
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FOR			NUA	NUMBER FILED		NUMBER EXTRA		BASIC FEE		35.00	OR			_
TOTAL CHARGEABLE CLAIMS			s /	minus 20=				X\$ 9=			OR	-	1.0	-
INDEPENDENT CLAIMS				minus 3 =		0		X43=			107	 		
MULTIPLE DEPENDENT CLAIM PF			M PRESEN	RESENT							OR	X86=		_
•	If the differen	nce in column 1	is less tha	han zero, enter "0" in column 2			L	+145= TOTAL			OR	+290=		
	3	CLAIMS AS	AMENE	MENDED - PART II				IOIAL	· L_		OR	TOTAL	770	_
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	(Column 1) (Column 2) (Column 3)											DUII. FEE	·	
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<u> </u> F	IRȘT PRESE	T PRESENTATION OF MULTIPLE DEPENDENT CLAIM						3=		OF	3 L	X86=		
H t	ne entry in colu		15=		ÖF	+ [۱	290=							
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OF		TOTAL OIT, FEE		
Th	e "Highest Num	ber Previously Paid	For (Total o	or Independent) is	the hi	s, enter 3." ghest number for	und in	the appro	opriate t	oox in c	column) 1,		